

NOTICE - We are conducting this survey under the authority of Title 13, United States Code, Section 8. Section 9 of this law requires us to keep all information about you and your household strictly **confidential**. We may use this information only for statistical purposes. Also, Title 42, Section 3732, United States Code, authorizes the Bureau of Justice Statistics, Department of Justice, to collect information using this survey. Title 42, Sections 3789g and 3735, United States Code, also requires us to keep all information about you and your household strictly confidential.

ASK OF ALL NCVS SELF-INTERVIEWED PERSONS AGE 16+

FORM **PPCS-1**
(5-16-2002)

DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR THE
BUREAU OF JUSTICE STATISTICS
U.S. DEPARTMENT OF JUSTICE

PRA Burden Statement - We estimate that it will take between 2 to 10 minutes to complete this interview. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Senior Statistician, Research and Public Policy Issues, Bureau of Justice Statistics, Washington, DC 20531. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number.

POLICE PUBLIC CONTACT SURVEY
SUPPLEMENT TO THE NATIONAL CRIME VICTIMIZATION SURVEY
2002

Sample	Control number			
J _____	PSU	Segment	CK	Serial

A. Field Representative's Code	B. Respondent's characteristics		Last name _____		
			First name _____		
001 [] [] []	Line no. 002 [] []	Sex 003 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	Age 004 [] []	Race 005 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian, Aleut, Eskimo 4 <input type="checkbox"/> Asian, Pacific Islander 5 <input type="checkbox"/> Other	Hispanic Origin 006 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

FIELD REPRESENTATIVE - Complete a PPCS-1 form for all NCVS interviewed persons age 16+. Do NOT complete a PPCS-1 form for NCVS Type Z noninterview persons, NCVS proxy interviews, or persons in Type A households.

C. Type of PPCS interview

007 1 Personal (Self)
2 Telephone (Self) } **SKIP to INTRO 1**
3 Noninterview - FILL ITEM D
A proxy interview is unacceptable for the PPCS.

D. Reason for PPCS noninterview

008 1 Refused PPCS only
2 Not available for PPCS only
3 Non-English speaking respondent only

E. DRIVING HABITS QUESTIONS

FIELD REPRESENTATIVE - Read introduction.
INTRO 1 - **Shortly, I will be asking you some additional questions about any contacts you may have had with the police during the last 12 months. However, before I get to these questions, I have some questions about your use of a motor vehicle.**

1. How often do you usually drive? Is it ... (Read answer categories.)	009 1 <input type="checkbox"/> Almost every day? 2 <input type="checkbox"/> A few days a week? 3 <input type="checkbox"/> A few days a month? 4 <input type="checkbox"/> A few times a year? 5 <input type="checkbox"/> Never? - ASK item 2	} SKIP to INTRO 2
2. Even though you never drive, do you have a driver's license?	010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

F. CONTACT SCREEN QUESTIONS

FIELD REPRESENTATIVE - Read introduction.
INTRO 2 - **The next series of questions is about any contacts you may have had with the police during the last 12 months. Exclude contacts with private security guards, police officers you see socially, or relatives who are police officers. Also, exclude any police contacts that occurred because your employment or volunteer work brought you into regular contact with police officers.**

3a. Did you have any contact with a police officer during the last 12 months, that is, any time since _____, 1, 2001?	011 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item D
3b. Were any of these contacts with a police officer in person, that is, face-to-face?	012 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item D
3c. Did you have more than one face-to-face contact?	013 1 <input type="checkbox"/> Yes - ASK item 3d 2 <input type="checkbox"/> No - SKIP to item 4
3d. How many face-to-face contacts with a police officer did you have during the last 12 months?	014 _____ Number of contacts - Read INTRO 3

G. USE OF FORCE DURING CONTACT

FIELD REPRESENTATIVE – *Read introduction.*

INTRO 3 – **For the rest of the interview, please tell me ONLY about the most recent face-to-face contact you had with the police.**

4. Was this contact initiated by the police?	<div style="border: 1px solid black; padding: 2px;">015</div>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5a. During this contact, did the police USE or THREATEN TO USE force against you for any reason?	<div style="border: 1px solid black; padding: 2px;">016</div>	<input type="checkbox"/> Yes – ASK item 5b <input type="checkbox"/> No <input type="checkbox"/> Don't know } SKIP to item 6
5b. Did the police officer(s)... <i>(Read answer categories.)</i> <i>Mark (X) all that apply.</i>	<div style="border: 1px solid black; padding: 2px;">017</div> <div style="border: 1px solid black; padding: 2px;">018</div> <div style="border: 1px solid black; padding: 2px;">019</div> <div style="border: 1px solid black; padding: 2px;">020</div>	<input type="checkbox"/> Actually push or grab you? <input type="checkbox"/> Actually kick or hit you? <input type="checkbox"/> Actually point a gun at you? <input type="checkbox"/> Use or threaten to use any other force against you? – Specify ↘
5c. Do you feel any of the force used or threatened against you was excessive?	<div style="border: 1px solid black; padding: 2px;">021</div>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to item 5e
5d. What force was excessive?	<div style="border: 1px solid black; padding: 2px;">022</div>	<i>Describe briefly</i> ↘ <hr/> <hr/> <hr/>
5e. Were you injured as a result of any force used against you?	<div style="border: 1px solid black; padding: 2px;">023</div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. During this contact were you arrested?	<div style="border: 1px solid black; padding: 2px;">024</div>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
7. During this contact were you handcuffed?	<div style="border: 1px solid black; padding: 2px;">025</div>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
8. At any time during this contact, did you argue with, curse at, insult, or verbally threaten the police?	<div style="border: 1px solid black; padding: 2px;">026</div>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
9. At any time during this contact, did you... <i>(Read answer categories 1–5.)</i> <i>Mark (X) all that apply.</i>	<div style="border: 1px solid black; padding: 2px;">027</div> <div style="border: 1px solid black; padding: 2px;">028</div> <div style="border: 1px solid black; padding: 2px;">029</div> <div style="border: 1px solid black; padding: 2px;">030</div> <div style="border: 1px solid black; padding: 2px;">031</div> <div style="border: 1px solid black; padding: 2px;">032</div>	<input type="checkbox"/> Disobey or interfere with the officer(s)? <input type="checkbox"/> Try to get away? <input type="checkbox"/> Push, grab, or hit the police officer(s)? <input type="checkbox"/> Resist being handcuffed, arrested, or searched? <input type="checkbox"/> Physically do anything else? – Specify ↘ <hr/> <hr/> <input type="checkbox"/> None of the above

H. REASON FOR CONTACT

10. Did this contact occur during a traffic ACCIDENT?	<div style="border: 1px solid black; padding: 2px;">033</div>	<input type="checkbox"/> Yes – SKIP to Check Item A <input type="checkbox"/> No
11a. Did this contact occur during a traffic STOP?	<div style="border: 1px solid black; padding: 2px;">034</div>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to item 12
11b. Were you the driver or passenger of the vehicle that was stopped?	<div style="border: 1px solid black; padding: 2px;">035</div>	<input type="checkbox"/> Driver – SKIP to item 19 <input type="checkbox"/> Passenger – SKIP to Check Item A
12. Did this contact occur because you reported a crime or some other problem to the police?	<div style="border: 1px solid black; padding: 2px;">036</div>	<input type="checkbox"/> Yes – SKIP to Check Item A <input type="checkbox"/> No
13. Did this contact occur because the police were providing some sort of service or assistance to you?	<div style="border: 1px solid black; padding: 2px;">037</div>	<input type="checkbox"/> Yes – SKIP to Check Item A <input type="checkbox"/> No
14. Did this contact occur because the police were investigating a crime?	<div style="border: 1px solid black; padding: 2px;">038</div>	<input type="checkbox"/> Yes – SKIP to Check item A <input type="checkbox"/> No
15. Did this contact occur because the police suspected you of something?	<div style="border: 1px solid black; padding: 2px;">039</div>	<input type="checkbox"/> Yes – SKIP to Check item A <input type="checkbox"/> No

H. REASON FOR CONTACT - Continued

16. What was the reason for this contact?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">040</td> <td style="padding: 2px;">Describe briefly ↴</td> </tr> <tr> <td colspan="2" style="height: 40px; vertical-align: top;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/> </td> </tr> </table>	040	Describe briefly ↴	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>	
040	Describe briefly ↴				
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>					

CHECK ITEM A	Was force used or threatened against the respondent? Is box 1 marked in item 5a?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">041</td> <td style="padding: 2px;">1 <input type="checkbox"/> Yes – SKIP to item 35 on page 5 2 <input type="checkbox"/> No – ASK item 17</td> </tr> </table>	041	1 <input type="checkbox"/> Yes – SKIP to item 35 on page 5 2 <input type="checkbox"/> No – ASK item 17
041	1 <input type="checkbox"/> Yes – SKIP to item 35 on page 5 2 <input type="checkbox"/> No – ASK item 17			

17. Looking back on this contact, do you feel the police behaved properly or improperly?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">042</td> <td style="padding: 2px;">1 <input type="checkbox"/> Properly – SKIP to Check Item D 2 <input type="checkbox"/> Improperly – ASK item 18a 3 <input type="checkbox"/> Don't know – SKIP to Check Item D</td> </tr> </table>	042	1 <input type="checkbox"/> Properly – SKIP to Check Item D 2 <input type="checkbox"/> Improperly – ASK item 18a 3 <input type="checkbox"/> Don't know – SKIP to Check Item D
042	1 <input type="checkbox"/> Properly – SKIP to Check Item D 2 <input type="checkbox"/> Improperly – ASK item 18a 3 <input type="checkbox"/> Don't know – SKIP to Check Item D		

18a. Did you take any formal action, such as filing a complaint or lawsuit against the police?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">043</td> <td style="padding: 2px;">1 <input type="checkbox"/> Yes – ASK item 18b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item D</td> </tr> </table>	043	1 <input type="checkbox"/> Yes – ASK item 18b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item D
043	1 <input type="checkbox"/> Yes – ASK item 18b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item D		

18b. With whom did you file a complaint or lawsuit? <i>Mark (X) all that apply.</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">044</td> <td style="width:10%; padding: 2px;"><input type="checkbox"/> Civilian Complaint Review Board</td> <td rowspan="6" style="width:10%; vertical-align: middle; text-align: center; padding: 5px;">} SKIP to Check Item D</td> </tr> <tr> <td style="text-align: center; padding: 2px;">045</td> <td style="padding: 2px;"><input type="checkbox"/> Law enforcement agency employing the officer(s)</td> </tr> <tr> <td style="text-align: center; padding: 2px;">046</td> <td style="padding: 2px;"><input type="checkbox"/> Local prosecutor</td> </tr> <tr> <td style="text-align: center; padding: 2px;">047</td> <td style="padding: 2px;"><input type="checkbox"/> Court</td> </tr> <tr> <td style="text-align: center; padding: 2px;">048</td> <td style="padding: 2px;"><input type="checkbox"/> Some other government agency</td> </tr> <tr> <td style="text-align: center; padding: 2px;">049</td> <td style="padding: 2px;"><input type="checkbox"/> Other – <i>Specify</i> ↴</td> </tr> </table>	044	<input type="checkbox"/> Civilian Complaint Review Board	} SKIP to Check Item D	045	<input type="checkbox"/> Law enforcement agency employing the officer(s)	046	<input type="checkbox"/> Local prosecutor	047	<input type="checkbox"/> Court	048	<input type="checkbox"/> Some other government agency	049	<input type="checkbox"/> Other – <i>Specify</i> ↴
044	<input type="checkbox"/> Civilian Complaint Review Board	} SKIP to Check Item D												
045	<input type="checkbox"/> Law enforcement agency employing the officer(s)													
046	<input type="checkbox"/> Local prosecutor													
047	<input type="checkbox"/> Court													
048	<input type="checkbox"/> Some other government agency													
049	<input type="checkbox"/> Other – <i>Specify</i> ↴													

I. TRAFFIC STOPS

19. Did the traffic stop occur at night?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">050</td> <td style="padding: 2px;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</td> </tr> </table>	050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know		

20. How many officers were present? <i>Record actual number.</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">051</td> <td style="padding: 2px;">_____ Number of police officers</td> </tr> </table>	051	_____ Number of police officers
051	_____ Number of police officers		

21. (Was/Were) the police officer(s) White, Black, or some other race? <i>Mark (X) all that apply.</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">052</td> <td style="padding: 2px;">1 <input type="checkbox"/> White</td> </tr> <tr> <td style="text-align: center; padding: 2px;">053</td> <td style="padding: 2px;">2 <input type="checkbox"/> Black</td> </tr> <tr> <td style="text-align: center; padding: 2px;">054</td> <td style="padding: 2px;">3 <input type="checkbox"/> Some other race</td> </tr> <tr> <td style="text-align: center; padding: 2px;">055</td> <td style="padding: 2px;">4 <input type="checkbox"/> Don't know race of any/some</td> </tr> </table>	052	1 <input type="checkbox"/> White	053	2 <input type="checkbox"/> Black	054	3 <input type="checkbox"/> Some other race	055	4 <input type="checkbox"/> Don't know race of any/some
052	1 <input type="checkbox"/> White								
053	2 <input type="checkbox"/> Black								
054	3 <input type="checkbox"/> Some other race								
055	4 <input type="checkbox"/> Don't know race of any/some								

22. If only one box is marked in item 21, SKIP to item 23. What race were most of the officers?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">056</td> <td style="padding: 2px;">1 <input type="checkbox"/> Mostly White 2 <input type="checkbox"/> Mostly Black 3 <input type="checkbox"/> Mostly some other race 4 <input type="checkbox"/> Equal number of each race 5 <input type="checkbox"/> Don't know</td> </tr> </table>	056	1 <input type="checkbox"/> Mostly White 2 <input type="checkbox"/> Mostly Black 3 <input type="checkbox"/> Mostly some other race 4 <input type="checkbox"/> Equal number of each race 5 <input type="checkbox"/> Don't know
056	1 <input type="checkbox"/> Mostly White 2 <input type="checkbox"/> Mostly Black 3 <input type="checkbox"/> Mostly some other race 4 <input type="checkbox"/> Equal number of each race 5 <input type="checkbox"/> Don't know		

J. TRAFFIC STOP - VEHICLE/PERSONAL SEARCH

23. At any time during this traffic stop, did the police officer(s)... <i>(READ CATEGORIES.)</i>			
a. ASK PERMISSION to search the vehicle?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">057</td> <td style="padding: 2px;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</td> </tr> </table>	057	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
057	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know		
b. ASK PERMISSION to search you, frisk you, or pat you down?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">058</td> <td style="padding: 2px;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</td> </tr> </table>	058	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
058	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know		

24. Whether or not the police officer(s) asked for PERMISSION, at any time during this traffic stop did you GIVE the police officer(s)... <i>(READ CATEGORIES.)</i>			
a. PERMISSION to search the vehicle?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">059</td> <td style="padding: 2px;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</td> </tr> </table>	059	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
059	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know		
b. PERMISSION to search you, frisk you, or pat you down?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">060</td> <td style="padding: 2px;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</td> </tr> </table>	060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know		

25a. Did the police officer(s)... <i>(READ CATEGORIES.)</i>			
a. Search the vehicle?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">061</td> <td style="padding: 2px;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</td> </tr> </table>	061	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
061	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know		
b. Search you, frisk you, or pat you down?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">062</td> <td style="padding: 2px;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</td> </tr> </table>	062	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
062	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know		

CHECK ITEM B	Did the police officer(s) search the vehicle OR the respondent? Is box 1 marked in item 25a, categories a OR b?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; padding: 2px;">063</td> <td style="padding: 2px;">1 <input type="checkbox"/> Yes – ASK item 25b 2 <input type="checkbox"/> No – SKIP to item 27</td> </tr> </table>	063	1 <input type="checkbox"/> Yes – ASK item 25b 2 <input type="checkbox"/> No – SKIP to item 27
063	1 <input type="checkbox"/> Yes – ASK item 25b 2 <input type="checkbox"/> No – SKIP to item 27			

J. TRAFFIC STOP – VEHICLE/PERSONAL SEARCH – Continued

25b. Did the police officer(s) find any of the following items during (this search/these searches)?

(Read answer categories 1–4.)

Mark (X) all that apply.

- 064 1 **Illegal weapons?**
- 065 2 **Illegal drugs?**
- 066 3 **Open containers of alcohol, such as beer or liquor?**
- 067 4 **Other evidence of a crime? – Specify** _____
- 068 5 **None of the above**

CHECK ITEM C

Was the respondent arrested?
Is box 1 marked in item 6?

- 069 1 **Yes – ASK item 26**
- 069 2 **No – SKIP to item 27**

26. Earlier you said that you were arrested and you or your vehicle were searched. Did the search occur before you were arrested?

- 070 1 **Yes**
- 070 2 **No**
- 070 3 **Don't know**

K. REASON FOR TRAFFIC STOP

27. Did the police officer(s) give a reason for stopping the vehicle?

- 071 1 **Yes – ASK item 28a**
- 071 2 **No**
- 071 3 **Don't know** } **SKIP to item 30**

28a. Was the reason speeding?

- 072 1 **Yes – SKIP to item 29**
- 072 2 **No**

28b. A vehicle defect?

- 073 1 **Yes – SKIP to item 29**
- 073 2 **No**

28c. A record check?

- 074 1 **Yes – SKIP to item 29**
- 074 2 **No**

28d. A roadside check for drunk drivers?

- 075 1 **Yes – SKIP to item 29**
- 075 2 **No**

28e. A seatbelt violation?

- 076 1 **Yes – SKIP to item 29**
- 076 2 **No**

28f. An illegal turn or illegal lane change?

- 077 1 **Yes – SKIP to item 29**
- 077 2 **No**

28g. A stop sign or stop light violation?

- 078 1 **Yes – SKIP to item 29**
- 078 2 **No**

28h. Was there some other reason?

- 079 1 **Yes – Specify** _____
- 079 2 **No**

29. Would you say that the police officer(s) had a legitimate reason for stopping you?

- 080 1 **Yes**
- 080 2 **No**
- 080 3 **Don't know**

L. OUTCOME OF TRAFFIC STOP

30. During this contact were you... *(Read answer categories 1–2.)*

Mark (X) all that apply.

- 081 1 **Given a warning?**
- 082 2 **Given a traffic ticket?**
- 083 3 **None of the above**

31. Were you charged with a non-traffic offense?

- 084 1 **Yes – ASK item 32**
- 084 2 **No**
- 084 3 **Don't know** } **SKIP to item 33**

32. Were you charged with... *(Read answer categories.)*

Mark (X) all that apply.

- 085 1 **Assaulting a police officer?**
- 086 2 **Resisting arrest?**
- 087 3 **A drug offense?**
- 088 4 **Possession of a firearm or concealed weapon?**
- 089 5 **Disorderly conduct?**
- 090 6 **Some other offense? – Specify** _____

33. Looking back on this contact, do you feel the police behaved properly or improperly?

- 091 1 **Properly – SKIP to Check Item D**
- 091 2 **Improperly – ASK item 34a**
- 091 3 **Don't know – SKIP to Check Item D**

L. OUTCOME OF TRAFFIC STOP - Continued

34a. Did you take any formal action, such as filing a complaint or lawsuit against the police?

- 092** 1 Yes – ASK item 34b
 2 No
 3 Don't know } **SKIP** to Check Item D

34b. With whom did you file a complaint or lawsuit?
 Mark (X) all that apply.

- 093** 1 Civilian Complaint Review Board
094 2 Law enforcement agency employing the officer(s)
095 3 Local prosecutor
096 4 Court
097 5 Some other government agency
098 6 Other – Specify ↴ } **SKIP** to Check Item D

M. OTHER CONTACT - PERSONAL SEARCH

35. At any time during this contact, did the police officer(s) ASK PERMISSION to search you, frisk you, or pat you down?

- 099** 1 Yes
 2 No
 3 Don't know

36. Whether or not the police officer(s) asked for PERMISSION, at any time during this contact did you GIVE the police officer(s) PERMISSION to search you, frisk you, or pat you down?

- 100** 1 Yes
 2 No
 3 Don't know

37a. Did the police officer(s) actually search you, frisk you, or pat you down?

- 101** 1 Yes – ASK item 37b
 2 No
 3 Don't know } **SKIP** to item 38a

37b. Did the police officer(s) find any of the following items on or near you?

(Read answer categories 1–4.)
 Mark (X) all that apply.

- 102** 1 **Illegal weapons?**
103 2 **Illegal drugs?**
104 3 **Open containers of alcohol, such as beer or liquor?**
105 4 **Other evidence of a crime? - Specify** ↴

106 5 None of the above

N. OUTCOME OF OTHER CONTACT

38a. During this contact, were you charged with any offenses?

- 107** 1 Yes – ASK item 38b
 2 No
 3 Don't know } **SKIP** to item 39

38b. Were you charged with . . .
 (Read answer categories.)
 Mark (X) all that apply.

- 108** 1 **Assaulting a police officer?**
109 2 **Resisting arrest?**
110 3 **A drug offense?**
111 4 **Possession of a firearm or concealed weapon?**
112 5 **Disorderly conduct or public drunkenness?**
113 6 **Some other offense - Specify** ↴

39. Looking back on this contact, do you feel the police behaved properly or improperly?

- 114** 1 Properly – **SKIP** to Check Item D
 2 Improperly – ASK item 40a
 3 Don't know – **SKIP** to Check Item D

40a. Did you take any formal action, such as filing a complaint or lawsuit against the police?

- 115** 1 Yes – ASK item 40b
 2 No
 3 Don't know } **SKIP** to Check Item D

40b. With whom did you file a complaint or lawsuit?
 Mark (X) all that apply.

- 116** 1 Civilian Complaint Review Board
117 2 Law enforcement agency employing the officer(s)
118 3 Local prosecutor
119 4 Court
120 5 Some other government agency
121 6 Other – Specify ↴

CHECK ITEM D

Is this the last household member to be interviewed?

- 122** 1 Yes – **END SUPPLEMENT**
 2 No – Interview next household member

NOTES

